

BANNER AND TEMPORARY SIGNS

City of Springdale Buildings Department
201 Spring Street
Springdale, AR 72764
Phone: 479.750.8154 Fax: 479.756.7701



Date Submitted: _____

Phone #: _____

Site Address: _____

Business Name: _____

Business Owner: _____

Address: _____

Sign Information

Type of Sign (please circle all that apply)

BANNER

TEMPORARY SIGN

FREESTANDING

WALL MOUNTED

Dimensions: Length____Width____
Height (from ground to top of sign) _____

***BANNERS AND TEMPORARY SIGNS CAN BE NO LARGER THAN 32
SQUARE FEET.***

Property Owner/Sign Contactor's (as authorized representative of owner) Signature
**Business owner must provide proof of City Business License before permit is issued.*

X

CONTRACTOR OR BUSINESS OWNER SIGNATURE

----- **FOR OFFICE USE ONLY**

BUSINESS LICENSE: _____

APPROVAL DATE: _____

PERMIT # _____

EXP IRATION DATE: _____